Substance Abuse and Mental Health Services Administration
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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Evidence-Based Wellness Programs Pack a Big Punch

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

About the Presenters

Valerie Klein, BS, is the Integrated Care Manager for the PBHCI grant in Clarksville, TN. Valerie has a Bachelor's of Science Degree in Psychology from Austin Peay State University. She has six years of experience in the behavioral health field specializing in case management, wellness coaching, and care coordination.
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Donald Williams, MS, is a Peer Wellness Coach with the PBHCI grant in Clarksville, TN. Donald has a Bachelor's of Science in Human Performance and Sports Science along with his Master's of Arts in Education Exercise from Tennessee State University. He is a certified peer specialist and a certified personal trainer. \
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Mandi Ryan, MSN, RN, is the Director of Healthcare Innovation for Centerstone. She is currently leading the organization rollout of their Health Home initiative, Integrated Care, and Episodes of Care. She also serves as the Project Director for two PBHCI grants. Mandi has seventeen years of experience in nursing, behavioral health, primary care, and integrated services. She received her Master's Degree in Nursing in Leadership and Administration from Walden University, her Nursing Degree from Baptist Health College, and her Bachelor's Degree in Biology from Ouachita University.
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Who are we?

- **SAMHSA-PBHCI Cohort 8**
- **Clarksville, Tennessee**
- **Funded Sept. 2015- Sept. 2019**
- **Enroll 958 individuals in Health Home Services**
  - *Current Enrollment:*

WellConnect:
an Integrated Care Solution
at Centerstone

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Keys to Success

- **Engagement**
- **Fidelity**
  - *Monitoring Logs*
- **Consistency**
- **Your Involvement and Attitude**
- **Staff Referrals**
  - *Share Outcomes*
  - *Talk about what you are doing as much as possible.*

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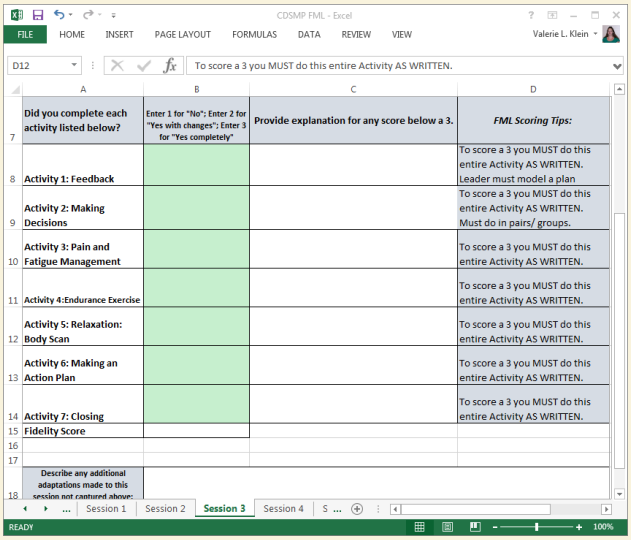
Engagement in EBP Groups

- **Engagement begins at Enrollment!**
- **Reengage at Health Screening**
- **Flyers with Group Information**
- **Continuous Rotation of Groups**
  - *Always offering 2 different Evidence-Based Wellness Groups per week.*
- **Recovery Weeks**
  - *One week between groups to generate more interest.*

Fidelity Monitoring



CDSMP FML - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW — Valerie L. Klein

D12 — To score a 3 you MUST do this entire Activity AS WRITTEN.

	A	B	C	D
7	**Did you complete each activity listed below?**	**Enter 1 for "No"; Enter 2 for "Yes with changes"; Enter 3 for "Yes completely"**	**Provide explanation for any score below a 3.**	***FML Scoring Tips:***
8	**Activity 1: Feedback**			To score a 3 you MUST do this entire Activity AS WRITTEN. Leader must model a plan
9	**Activity 2: Making Decisions**			To score a 3 you MUST do this entire Activity AS WRITTEN. Must do in pairs/ groups.
10	**Activity 3: Pain and Fatigue Management**			To score a 3 you MUST do this entire Activity AS WRITTEN.
11	**Activity 4:Endurance Exercise**			To score a 3 you MUST do this entire Activity AS WRITTEN.
12	**Activity 5: Relaxation: Body Scan**			To score a 3 you MUST do this entire Activity AS WRITTEN.
13	**Activity 6: Making an Action Plan**			To score a 3 you MUST do this entire Activity AS WRITTEN.
14	**Activity 7: Closing**			To score a 3 you MUST do this entire Activity AS WRITTEN.
15	**Fidelity Score**			
16				
17				
18	**Describe any additional adaptations made to this session not captured above:**			

Session 1 | Session 2 | **Session 3** | Session 4 | S ...

READY — 100%

- **Developed by Evaluation Team**
- **Monitored by Evaluation Team**
- **Completed after Every Group Session**

Evidence-Based Groups

- **5 Evidence-Based Wellness Programs**
  - *Dimensions: Well-Body*
  - *Dimensions: Tobacco Free*
  - *Chronic Disease Self-Management Program*
    - CDSMP
  - *Diabetes Self-Management Program*
    - DSMP
  - *Nutrition, Exercise, Wellness & Recovery*
    - NEW-R

DIMENSIONS: Well-Body

- **University of Colorado**
- **Requires Training**
- **https://www.bhwellness.org/programs/wellbody**
- **Teaches the necessary skills to promote physical health and well-being**
- **Promotes positive change through motivational engagement and other behavior change strategies**

DIMENSIONS: Well-Body

- **Usually Generates 10-15 Participants**
- **Supply Healthy/Cost Efficient Snack**
- **Provide Infused Water**
- **Outcomes: Weight Loss**
- **Exercise/Activity Encouraged**
  - *Corn Hole, Parachute, Pick up Towels, Chair Exercises, Dancing, etc*

DIMENSIONS: Tobacco Free

- **University of Colorado**
- **Requires Training**
- **https://www.bhwellness.org/programs/tobaccofree**
- **Teaches the necessary information and skills they need to promote successful tobacco cessation**
- **Promotes positive behavior change in individuals interested in living tobacco-free**

DIMENSIONS: Tobacco Free

- Usually Generates 3-7 Participants
- Provide Quick/Low Calorie Snack
- Supply Infused Water or Bottles with Flavor Packet
- Outcomes: Lower CO/Smoking Cessation
- Ask Members who have Successfully Quit to Attend

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Chronic Disease Self-Management

- Stanford University
- Requires Training
- http://patienteducation.stanford.edu/programs/cdsmp.html
- Teaches techniques to deal with problems such as frustration, fatigue, pain and isolation
- Education on appropriate exercise for maintaining and improving strength, flexibility, and endurance
- Demonstrates appropriate use of medications, communication skills, nutrition education, and decision making

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Chronic Disease Self-Management

- Usually Generates 10-15 Participants
- Supply Healthy/Cost Effective Snack
- Provide Infused Water
- Outcomes: Mental Health Improvement and Self-Management Skills

Diabetes Self-Management

- Stanford University
- Requires Training
- http://patienteducation.stanford.edu/programs/diabeteseng.html
- Teaches techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration
- Education on appropriate exercise for maintaining and improving strength, flexibility, and endurance
- Demonstrates appropriate use of medications, communication skills, nutrition education, and decision making

Diabetes Self-Management

- Generates 10-15 Participants
- Supply Diabetic Friendly/Cost Effective Snack
- Provide Infused Water
- Outcomes: Mental Health Improvement and Better Control of Diabetes

Nutrition, Exercise, Wellness & Recovery

- University of Illinois
- NO TRAINING Required
- http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp
- Focused on the concept of "being intentional"
- Emphasizes that even small amounts of weight loss (5 – 10% of body weight) can make a significant impact on health

Nutrition, Exercise, Wellness & Recovery

- Generates at least 15 Participants
- Provide Healthy/Cost Effective Snack and Infused Water
- Use Exercises Provided
- Outcomes: Weight Loss!

Let's Get Moving!

https://youtu.be/0IG5GQ6efsE

Background

- **Lived Experiences**
- **Certified Peer Recovery Specialist**
- **Certified Personal Trainer**
- **Master Trainer**
  - *Dimensions: Well Body, Dimensions: Tobacco Free, CDSMP, DSMP*

Peer Wellness Coach Role

- **Leading groups**
- **Training staff**
- **One on one coaching**
  - *Focus on clients with shared lived experiences*
- **Model healthy lifestyle**

Peers in Evidence Based Groups

- **Share lived experiences**
- **Breaking the stigma**
- **Dynamics are important**
- **Vulnerabilities make you relatable**
  - *Creating a judgment free environment*

Small Changes Make a BIG Difference

- **Blood cholesterol**
  - *10% ↓ = 30% ↓ in Cardiovascular Disease (CVD)*
- **High blood pressure**
  - *~ 6 mm Hg ↓ = 16% ↓ in CVD; 42% ↓ in stroke*
- **Diabetes**
  - *1% point ↓ HbA1c = 21% ↓ in Diabetic related deaths, 14% ↓ in Heart Attack*

* 2014 PBHCI Presentation by Dr. Joe Parks
Stratton et al, BMJ 2000
Hennekens CH. *Circulation* 1998;97:1095-1102.
Rich-Edwards JW, et al. *N Engl J* Med 1995;332:1758-1766.
Bassuk SS, Manson JE. *J Appl Physiol* 2005;99:1193-1204

EBP Participation Data

62%

of individuals enrolled in WellConnect participate in EBP activities.

60%
of EBP activities are **individual** sessions.

46%
of EBP activities are **group** sessions.

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EBP Participation Data

EBP Wellness Groups	# of Participants (year to date)
NEW-R	47
Tobacco Free	35
Well Body	28
Chronic Disease Self-Management Program (CDSMP)	35
Diabetes Self-Management Program (DSMP)	26

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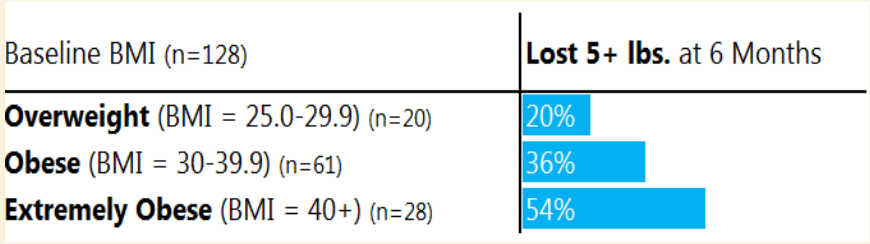
6 Months Outcomes - BMI

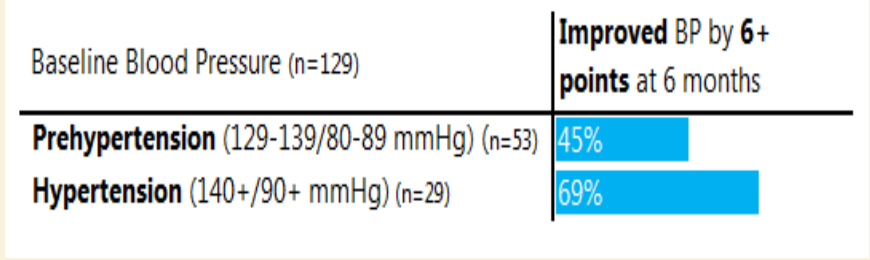
85% **of clients with six-month reassessments were overweight, obese, or extremely obese at baseline**



At-risk clients who lost weight had an average six-month weight loss of **12 pounds**.

6 Months Outcomes - BP

64% **of clients with six-month reassessments were in the pre-hypertensive or hypertensive range at baseline.**



26% of clients improved their blood pressure enough to move to a lower-risk category.

6 Months Outcomes - CO

57% **of clients with six-month reassessments had at-risk CO levels at baseline.**

Baseline Carbon Monoxide (CO) Level (n=129)	**Decreased** CO by **5+ ppm** at 6 months
At-risk CO level (7+ ppm) (n=74)	31%

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12 Months Outcomes Lipids

Baseline Lipids	**Improved** at 12 Months
Triglycerides (n=43) **at risk** (≥150 mg/dL)	67%
HDL (n=42) **at risk** (<40 mg/dL)	73%
LDL (n=37) **at risk** (≥130 mg/dL)	70%

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12 Month Outcomes – A1c

Baseline A1c (n=44)	**Improved** A1c at 12 Months
Pre-diabetic (A1c = 5.7-6.4)	100%
Diabetic (A1c > 6.4)	89%

59% of clients moved out of risk level entirely.

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